

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docke: Number 10/514412

CLAIMS AS FILED - PART I												
	 	•		(Column 1) (Col			SMALL ENTITY TYPE				OTHE	R THAN
1	TOTAL CLAIM					7			_	SMALL ENTITY		
.∦.	OR j		MILLIDE	0.52.50			1	RATE		4	RATE	FEE
11-	OTAL CHARGEABLE CLAIMS		NOWBE	NUMBER FILED		ARTX3 REBMUN		BASIC F	EE	O;	BASIC FEE	950
╟	OTAL CHAHG	/0 n	/O minus 20= " ~				XS 9=		OF	XS18=		
1	DEPENDENT	/	/ minus 3 = *				X43=	+	⊣"	`	 	
М	ULTIPLE DEP	NDENT CLAIM I	PRESENT	RESENT -				773			X86=	
	If the difference	Para column 1						-145=		OF	-290=	
"	If the difference in column 1 is less than zero, enter "0" in colu						•	TOTAL		OF	TOTAL	950
11/5.04 CLAIMS AS AMENDED - PART II										4	OTHER	
	1113 1	(Column 1)		(Column 2) (Column 3) HIGHEST				SMALL	ENTITY	OR	SMALL ENTITY	
AMENDMENT A	.	REMAINING	1	NUMB	ER	PRESENT	•		ADDI-	7		ADDI-
		AFTER AMENDMENT	_	PREVIOU PAID F		EXTRA		RATE	TIONAL	-	RATE	TIONAL
2	Total	1.10	Minus	-		=		XS 9=	1	1	Vosa	_FEE_
ğ	Independent	. 7	Minus			=			 	OR	X\$18=	
٩	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT (CLAIM		L	X43≈ ·		OR	X86=	
			+145=		OR	+290=						
roi								TOTAL		4	TOTAL	
52/07(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING	,	HIGHE	ST	4	. Г		ADDI:	7 1	· ·	
		AFTER		PREVIOU		PRESENT EXTRA	${\mathcal X}$	RATE	TIONAL		RATE	ADDI- TIONAL
		AMENDMENT		PAID FO			L		FEE		, wie	FEE
	Total	• 10	Minus	- 20	\mathcal{D}	_ '		X\$ 9=		OR	X\$18=	
	Independent	- /	Minus	-3		B	-	X43=	-	1 1		
. `	FIRST PRESENTATION OF MUL		JLTIPLE DE	TIPLE DEPENDENT CLA			-	V42=		QR1	X86=	
							1	+145=		OR	+290=	
		•	•				Ar	TOTAL	٠.	OR ·	TOTAL	
		(Column 1)		(Column	2)	(Column 3)				•.	NODIT. FEEL	
NTC		CLAIMS REMAINING		HIGHES NUMBE	1			. 1	ADDI-		1	400:
		AFTER		PREVIOUS		PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL
ME I	Total	AMENDMENT		PAID FO	R		\perp		FEE		-12.5	FEE
AMENOMEN	Independent	-	Minus	-		-		xs 9=		OR	XS19=	
₹		NTATION OF ME	Minus	***				X43=			X86=	i
		IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		
- 13	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									оя [+290=	·
• • • • • • • • • • • • • • • • • • • •	DIE LIMBER LACIT		TOTAL		OR .	TOTAL						
The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter 3. ADDIT. FEE ADDIT. F												
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